

The employer hereby agrees to provide group coverage to eligible employees (and their eligible dependents) who engage in the Construction or Service Industries or provide services or supplies to those industries under Prevailing Wage or Wage Determination Contracts.

**The Participating Employer agrees to do the following:**

- Maintain an enrollment consistent with the Insurance Company(s) requirements.
- Furnish any information required in the administration of the Trust.
- Promptly notify the Administrator of any terminations, lay-offs or changes in status that may affect coverage COBRA requires timely notice of termination to protect the employer from any fines or penalties. Please see attached COBRA Time Frames.
- Promptly pay to the Trust all contributions that the Administrator advises are necessary to pay for the cost of insuring the participants and administering the plan.
- All contributions shall be on an annualized basis for all hours worked, both public and private.
- Designate parties other than the Trustee, Insurer or Administrator (Contractor's Choice®) as plan administrator and named fiduciary for the purpose of the federal Employee Retirement Income Security Act (ERISA).
- Hold open to inspection any records that may have a bearing on the coverage or on the contributions of the employer.

**The Participating Employer further understands that:**

- Contributions are due on the 1st of the month prior to the month of coverage. If payment is not postmarked by the 15th, a \$50 late fee will be assessed.
- Should coverage terminate due to non-payment of contributions, a \$300 Reinstatement fee will be required in the event of Reinstatement of coverage.
- All contributions made to the Trust shall be irrevocable during the existence of the Trust and shall be administered exclusively for the benefit of the participating employees of the plan and their dependents.
- A completed application must be submitted to Contractor's Choice® within 60 days after contributions are first submitted for an employee or those contributions will be forfeited pursuant to the terms of the Trust.
- The plan will become effective for eligible hourly employees and their dependents the first of the month following the employee's accumulation of the selected hours of credit designated by the plan.
- Voluntary terminations or declinations of coverage requested for an employee and/or dependents are processed on a go-forward basis effective at the end of the month in which received.
- The Insurer shall issue to each eligible person a group insurance certificate that shall summarize the essential features of the coverage provided under the policy along with an Identification Card.
- Participation shall terminate in accordance with the termination provision, as set forth in the Insurance Policy issued by the Insurance Company to the Participating Employer.
- Provide a written 30 day notice prior to termination from the Trust.

This plan is administered by Contractor's Choice®, a CHOICE Administrators® Program, a licensed and bonded Third Party Administrator located at the address below:

**Contractor's Choice®**  
**721 South Parker, Suite 200**  
**Orange, California 92868**  
**866.358.9456**

I, the undersigned, a proposed participant, have read and agreed to all the terms and conditions set forth in this agreement and any amendments thereto.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_ .

Company Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_